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Bib Data Sheet

CONFIRMATION NO. 9992

<b>SERIAL NUMBER</b> 10/068,533	<b>FILING DATE</b> 02/05/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> CB-11-1
<b>APPLICANTS</b> Robert H. Dahla, Sunnyvale, CA; Jean Woloszko, Mountain View, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/586,295 06/02/2000 WHICH IS A DIV OF 09/248,763 02/12/1999 PAT 6,149,620 WHICH CLAIMS BENEFIT OF 60/096,150 08/11/1998 AND CLAIMS BENEFIT OF 60/098,122 08/27/1998 AND CLAIMS BENEFIT OF 60/299,094 06/18/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/09/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 50
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 021394				
<b>TITLE</b> Electrosurgical apparatus and methods for treatment and removal of tissue				
<b>FILING FEE RECEIVED</b> 1700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	